
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

In re:

PAULA REED

Case No. 20-12472-JDW
Chapter 7

Debtor.

GREENWOOD LEFLORE HOSPITAL,

Plaintiff/Creditor,

Adv. Proc. No. 20-01053-JDW

v.

PAULA REED

Defendant/Debtor.

**GREENWOOD LEFLORE HOSPITAL'S RESPONSE TO DEBTOR'S MOTION TO
AVOID JUDICIAL LIEN AND MOTION TO WITHDRAW ANSWER**

COMES NOW, the Plaintiff/Creditor, Greenwood Leflore Hospital, by and through its counsel of record, and files this its Response to Debtor's Motion to Avoid Judicial Lien and Motion to Withdraw Answer, and would show unto the following, to-wit:

1. As to the allegations regarding the filing of Chapter 7 bankruptcy petition by the Debtor, so confirmed and admitted.
2. As to the allegations regarding Greenwood Leflore Hospital's recording of a judicial lien against the debtor prior to the filing of this Chapter 7 bankruptcy petition, so confirmed and admitted. (See Exhibit "A" attached hereto and incorporated herein).
3. As to the allegations regarding the debtor's request to avoid the fixing of a lien, Greenwood Leflore Hospital denies that debtor is so entitled to such relief for the reasons as set forth in the next section of this response.
4. Said debt that debtor is trying to avoid is non-dischargeable pursuant to 11 U.S.C. §§ 523(a)(8); 42 U.S.C. § 292f(2)(g) and Federal Rules of Bankruptcy Procedure 7001 and 7008(b). However, case law suggests that such avoidance of a non-dischargeable debt applies to exempt property and homestead exemption. Debtor has no real property (or she has not declared any interest in real property) in her original petition. Said request for avoidance of judicial lien does not impair the debtor's homestead exemption as per Miss. Code Ann. §85-3-21 because debtor does not hold any type of interest in real property. As such, said judicial lien cannot be avoided or exempted from enforcement.
5. Further, the Fifth Circuit has held that a judgment debtor's right to exempt personal property is not available until the debtor identifies particular items of property that are exempt, and even then, the exemption is only available to the extent of equity in the property. See *Tower Loan of Miss. v. Maddox*, 15 F.3d 1347, 1351 (5th Cir. 1994); Miss. Code Ann. § 85-3-1. Debtor has not identified any personal property with particularity nor has she has proven

any equity in such personal property. As such, Debtor's relief to avoid judicial lien should fail.

6. Additionally, debtor has failed to amend or make the Trustee or this Court aware of a substantial change in assets in regards to her employment. In Schedule I of the original petition from August 11, 2020, Debtor noted her gross and net monthly income from Ochsner Health System. (See Exhibit "B" attached hereto and incorporated herein). Upon information, Debtor began receiving Social Security disability benefits in November of 2020 (see Exhibit "C" attached hereto and incorporated herein), and subsequently, employment with Ochsner Health System ended April 24, 2021 (see Exhibit "D" attached hereto and incorporated herein). This information was not submitted to the Court or to the Trustee with any filed amendment to reflect said changes. Debtor is making said request to avoid the subject judicial lien with unclean hands, and as such, Debtor's request to avoid the judicial lien should be denied.
7. Further, Debtor filed a Motion to Withdraw her Answer (DKT #19). Because of this filing, Debtor essentially admits to the non-dischargeability of said judicial lien.

WHEREFORE PREMISES CONSIDERED, Greenwood Leflore Hospital, Plaintiff/Creditor, requests that the Debtor's motion to avoid judicial lien be denied in its entirety and enter an Order as to the non-dischargeability of said judicial lien.

This the 4th day of October, 2021.

/s/ Rebecca A. Keith

Rebecca A. Keith

Rebecca A. Keith
Of Counsel – United Medical Recovery, LLC // Greenwood Leflore Hospital
P. O. Box 22685
Jackson MS 39225
Telephone: 601.948.3600
Facsimile: 601.948.3688
Email: rkeith@umrllc.com

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

In re:
PAULA REED
Debtor.

Case No. 20-12472-JDW
Chapter 7

GREENWOOD LEFLORE HOSPITAL
Plaintiff/Creditor,
v.
PAULA REED,
Defendant/Debtor.

Adv. Proc. No. 20-01053

CERTIFICATE OF SERVICE

I, Rebecca A. Keith, Esquire, hereby certify that I have notified all interested parties of Greenwood Leflore Hospital Response to Debtor's Motion to Avoid Judicial Lien and Motion to Withdraw Answer filed by Greenwood Leflore Hospital, as follows:

John Sherman, Esquire
Attorney for Debtor, Paula Reed
jsher203@bellsouth.net

U.S. Trustee
USTPRregion05.AB.ECF@usdoj.gov

Paula Reed
P. O. Box 164
Grenada MS 38902

William L. Fava
wfava@favafirm.com, wlf@trustesolutions.net

This the 4th day of October, 2021.

/s/ Rebecca A. Keith

Rebecca A. Keith

IN THE COUNTY COURT OF LEFLORE COUNTY, MISSISSIPPI

GREENWOOD LEFLORE HOSPITAL

PLAINTIFF

VS.

CAUSE NO. 2014-0385 CO

Paula Reed

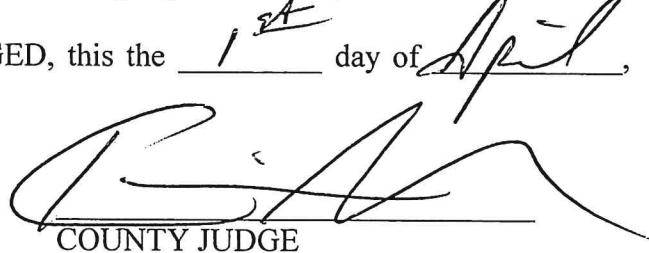
DEFENDANT

DEFAULT JUDGMENT

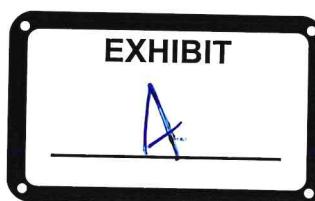
THIS day this cause came on for hearing on the Motion of the Plaintiff for a Default Judgment pursuant to Rule 55 (b) of the Mississippi Rules of Civil Procedure, and the Defendant having been duly served with the Summons and Complaint and not being an infant or unrepresented incompetent person and having failed to plead or otherwise defend, and its Default having been duly entered, and the Defendant has taken no proceedings since such default was entered.

IT IS, THEREFORE, ORDERED AND ADJUDGED that Plaintiff, Greenwood Leflore Hospital, have and recover of and from Defendant, Paula Reed, the principal amount of \$17,749.46, and court cost of \$200.00 with prejudgment and postjudgment interest from the date this suit was filed at the rate of eight percent (8%) per annum thereon, plus any future costs of Court, for a total judgment of \$17,949.46.

SO ORDERED AND ADJUDGED, this 1st day of April,
A.D., 2015.

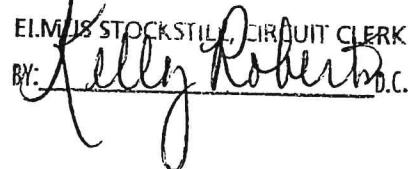

COUNTY JUDGE

Presented By
Jeffrey M. Williams (Bar No. 100410)
Of Counsel
United Medical Recovery, LLC
Post Office Box 22685
Jackson, Mississippi 39225
Telephone (601) 948-3600



FILED

APR 02 2015

ELIJAH STOCKSTILL, CIRCUIT CLERK
BY: 

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Fill in this information to identify your case:

Debtor 1	<u>Paula Reed</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF MISSISSIPPI</u>
Case number (If known)	<u>20-12472</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

nurse

Employer's name

Ochsner Medical Center

Employer's address

1514 Jefferson Highway
New Orleans, LA 70121

How long employed there?

7 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>6,463.70</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>6,463.70</u>	\$ <u>N/A</u>

EXHIBIT

B

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Debtor 1	Paula Reed	Case number (if known)	20-12472
Copy line 4 here		For Debtor 1	For Debtor 2 or non-filing spouse
4. \$ 6,463.70		\$ N/A	\$ N/A
5. List all payroll deductions:			
5a.	Tax, Medicare, and Social Security deductions	5a. \$ 1,395.81	\$ N/A
5b.	Mandatory contributions for retirement plans	5b. \$ 187.59	\$ N/A
5c.	Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d.	Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e.	Insurance	5e. \$ 0.00	\$ N/A
5f.	Domestic support obligations	5f. \$ 0.00	\$ N/A
5g.	Union dues	5g. \$ 0.00	\$ N/A
5h.	Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,583.40 \$ N/A			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,880.30 \$ N/A			
8. List all other income regularly received:			
8a.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b.	Interest and dividends	8b. \$ 0.00	\$ N/A
8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d.	Unemployment compensation	8d. \$ 0.00	\$ N/A
8e.	Social Security	8e. \$ 0.00	\$ N/A
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ N/A
8g.	Pension or retirement income	8g. \$ 0.00	\$ N/A
8h.	Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 4,880.30 + \$ N/A = \$ 4,880.30			
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ 11. +\$ 0.00			
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies 12. \$ 4,880.30			
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			
Combined monthly income			



4/23/2021

Paula Reed
1106 Poplar St
Grenada, MS 38901
Re: Administrative Termination of employment, effective 4/24/2021

Dear Paula,

This letter confirms our conversation. As discussed, you have been out of work since 8/16/2020, and have since exhausted all eligible leave provided by Ochsner Health System (OHS) under the Family and Medical Leave Act (FMLA) and Americans with Disabilities Act (ADA). At this point in time, you have not indicated that you are able to return to work in any capacity. Therefore, your employment with OHS will be terminating effective April 24th, 2021.

Attached you will find information regarding how your benefits will be affected at separation, including information on the opportunity to extend your group insurance plans through the Consolidated Omnibus Budget Reconciliation Act (COBRA). If premiums are current, insurance coverage will be in effect until the effective date of termination. You are responsible for any premiums owed.

We would like to thank you for your service and dedication to Ochsner Health System and want you to know that this termination is not a statement about your work at the company. If you are able to return to work at a future date, you are eligible for re-employment. You may re-apply for any open positions--online at www.ochsner.org. Please keep OHS informed of your contact information so that we are able to provide information you may need in the future such as your W-2 document.

Please contact Mike Gilpin directly or the HR Employee Solution Center at (504) 842-4748 or MyHR@ochsner.org for assistance with this transition.

Sincerely,

Michael Gilpin

Michael Gilpin, Employee Relations Consultant
Ochsner Health

Enclosure:
Benefits Termination Brochure/LA Workforce Commission

EXHIBIT

C

Ochsner Health System, a part of Ochsner Clinic Foundation



Social Security Administration Benefit Verification Letter

Date: September 24, 2021
BNC#: 21S3379E31812
REF: A, C1, DI

PAULA REED

PO BOX 164
GRENADE MS 38902-0164

0201BEV7FOU201P GCM.N72.BEV7F.R210924

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2020, the full monthly Social Security benefit before any deductions is \$1,465.50.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,465.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on July 18, 2015.

Information About Past Social Security Benefits

From October 2020 to November 2020, the full monthly Social Security benefit before any deductions was \$1,446.70.

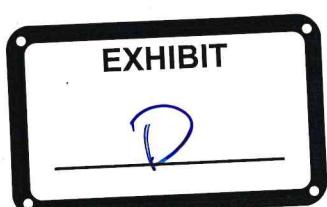
We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$1,446.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page



21S3379E31812

Page 2 of 3

Information About Current Social Security Benefits

Beginning September 1991, the full monthly Social Security benefit before any deductions is \$0.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$0.00.
(We must round down to the whole dollar.)

Benefits were stopped beginning September 1991.

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Type of Social Security Benefit Information

You are entitled to monthly benefits as a dependent of the wage earner.

Information About Supplemental Security Income Payments

Beginning July 2019, the current Supplemental Security Income payment is \$0.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

Payments were stopped beginning July 2019.

We found that you became disabled under our rules on July 18, 2015.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Medicare Information

You are entitled to hospital insurance under Medicare beginning January 2016.

You are entitled to medical insurance under Medicare beginning February 2018.

Your Medicare number is 9KQ5HN6WP72. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is September 17, 1973.

21S3379E31812

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Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 1-866-593-8523. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
2383 SUNSET DRIVE
GRENADE MS 38901

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration